

**INDIANA  
WORKFORCE  
DEVELOPMENT**



Frank O'Bannon, Governor  
Alan D. Degner, Commissioner

Dept. of Workforce Development  
Indiana Government Center South  
10 North Senate Avenue  
Indianapolis, IN 46204-2277  
Phone: 317/232-7670  
FAX: 317/233-4793  
TDD: 317/232-7560  
<http://www.workforce.IN.gov>  
An Equal Opportunity Employer

TO: All DWD Employees

FROM: Charles R. Martindale  
Deputy Commissioner/ Controller

DATE: April 25, 2003

SUBJ: DWD Policy 2002 - 44  
Travel Claim Processing

RE: All Funding Sources Administered by DWD

**PURPOSE:** The purpose of this communication is to share with DWD staff the travel reimbursement claim submission procedures.

**RESCISSIONS:** DWD Communication #99-23, issued November 10, 1999

**CONTENT:** The State of Indiana has revised the Travel Reimbursement Claim form (Form 980). As well, DWD has made changes to the reverse side of the form for reporting travel time charges back to the respective cost centers. It is only necessary to submit the original claim voucher to the Accounts Payable Section. If you wish a copy of the claim to be returned with the check, you may include a copy of only the front of the claim voucher when submitting the original. **Please remember to tape all small receipts to an 8 ½" x 11" sheet of paper.** All hotel receipts must be originals with "zero balances" or some additional form of proof of payment; i.e., charge slips, etc.

The detailed instructions for completing the State of Indiana Travel Claim Voucher are attached. All State claim forms are white in color. Please do not submit a color other than white. **All Travel Claims must be completed in ink (or typewritten) including any required logs.** Pencil is not acceptable. These records must be stored by the State for ten years and one month. As well, this is a State mandated form that is not to be altered in any way. New forms are available from the DWD Stockroom. Font size should always remain at 12 pitch. The Auditor of State will not accept hard to read or illegible documents (exceptionally small font size, messy penmanship, etc.). All computer generated Travel Claim forms are to be printed in "landscape" format and should fill an 8 ½" x 11" sheet of paper.

The maximum in-state lodging rate is \$79.00 per night plus applicable taxes. Hotels located in downtown Indianapolis have maximum rates of \$83 or \$85 per night plus applicable taxes. If an employee accepts a hotel rate higher than the maximum rate, the employee will only be reimbursed up to the maximum hotel rate plus applicable taxes. Out-of-State lodging has no limitation, but will be reviewed by the State Department of Administration for reasonableness. State employees are always expected to request the state government rate when making their lodging reservations. All other reimbursement rates; i.e., mileage, subsistence, etc., can be found in the DWD Travel Manual and the State Travel Regulations (effective 7/1/97). Both are available in folioview on the LAN or on the travel diskette provided to each local office.

**EFFECTIVE DATE:** April 25, 2003

**REVIEW DATE:** April 25, 2005

**ACTION:** Employees are to submit only the original travel claim plus original receipts for both in-state and out-of-state travel. Employees who have received a Travel Advance are required to file their travel reimbursement claims the first day they return to the office from their trips. Questions regarding the travel procedures may be addressed to Missy Wolfe, Accounts Payable Assistant Manager, at 233-6673 or Pat Tweedy, Accounts Payable Manager, at 232-7726.

**OWNERSHIP:** Accounts Payable

CRM/MRW: mw

## INSTRUCTIONS—TRAVEL VOUCHER SF980 (R2/12-96)

*The following are general instructions for completing the SF980. Complete State Travel Policies and procedures are contained in the FMC 97-1.1.*

*Complete only the areas specified. Accounts Payable staff will complete other information during processing. Be sure to keep a copy of your travel claim.*

1. **EMPLOYEE'S NAME**—enter the claimant's name in this format:

LAST NAME, FIRST NAME AND MIDDLE INITIAL

Note: A comma should be used after the last name

2. **POST OR STATION**—enter this information as it appears on the Letter of Travel Authorization (Form 2541)
3. **SOCIAL SECURITY NUMBER**—the number should be preceded by a zero and entered with no spaces or dashes. Example: 0555321120
4. **EMPLOYEE'S ADDRESS**—enter your home address as it appears on your Letter of Travel Authorization (Form 2541). This should be the same address that appears on your payroll check. If you have recently moved, be sure to notify payroll and complete a new Form 2541.
5. **YEAR**—enter the year of the travel.
6. **DATE**—enter the month and day of travel. Use at least one line per day in travel status. Enter all expenses in their chronological order.
7. **TRAVEL BETWEEN POINTS**—enter FROM the city or town travel began. For example: Indianapolis, "station" or "home". When stating "in and around", "vicinity of " or other general terms, a Travel Log (Form 2546) must accompany your voucher giving the exact address of your destination. This space is also used to describe expenses in the "Other Expenses" column.
8. **Enter "TO"**—the destination of travel following guidelines in #7.
9. **Enter the HOUR of departure/arrival.** Be certain to include "a.m." or "p.m." as required. Please note that Military Time is not acceptable. This information is used to support subsistence claims.
10. Enter the **LODGING EXPENSE** for each night, including taxes, on separate lines. Attach original lodging receipt(s) indicating payment (a zero balance or a charge slip).
11. Enter the amounts of **"OTHER EXPENSE"**. These will include daily subsistence and registration fees.
12. Enter the amounts of **"OTHER EXPENSE"**. These will include parking fees, tolls, taxi cabs, etc. Attach original receipts for all claims.
13. Enter the number of miles traveled. Reimbursable miles are limited to the shortest distance between two points. Mileage can be found in the DWD Travel Manual. Mileage can also be

found on the Internet site [www.randmcnally.com](http://www.randmcnally.com). However, please keep in mind that the Travel Manual supercedes the mileage claimed from the Internet.

14. Enter the amount claimed. Rate per mile is \$0.28 for the first 500 miles and \$0.14 for each mile over 500.
15. DO NOT USE OR ALTER THESE PARTS OF THE FORM.
16. Verify the totals of the columns for Lodging Expense, Other Expense, Other Expense, Number of miles and mileage.
17. Verify the Gross amount equals the sum of the column totals going across.
18. Be certain to sign and date in the space provided for “Signature of Employee” and “Date”.  
**This must be in BLACK ink.**

### **COMPLETE THE EXPENSE DISTRIBUTION**

The reverse side of the travel voucher must be completed before submission to the Accounts Payable Section for processing.

To determine the proper FARS codes to charge, please reference the Time Distribution Manual and subsequent updates.

Generally speaking, the codes used to report “Travel Expense Distribution” would match those reported on the Form 2808, “Monthly Time Distribution Report” for the same dates. There are four (4) categories in which to charge time in travel status. They are:

**Business In-State-** which is used to report routine in-state travel used in the performance of daily tasks.

**Professional Development In-State-** which is used to report time spent traveling to and participating in training, seminars, conference, etc. Any situation in which “knowledge is gained” is the objective for charging to professional development.

**Business Out-of-State-**which is used to report routing out-of-state travel used in the performance of daily tasks.

**Professional Development Out-of-State-**which is used to report time, spent traveling to and participating in training, seminars, conferences, etc. Any situation in which “knowledge is gained” is the objective for charging to professional development.

**SUPERVISOR’S SIGNATURE**—The reverse side of the Travel Claim Voucher must be signed and dated by the person signing your Letter of Travel Authorization as “Authorizing Official”. Should this person be located at a station other than where you are located, send the claim to your authorizing official (supervisor) for signature. Do not send it to Accounts Payable

without the signature. If the Authorizing Official is absent, the claim may be signed by his/her written appointed designee. If Accounts Payable receives the travel claim voucher without the supervisor's signature, it will be returned to the supervisor for signature and will delay processing time. Questions regarding any of these procedures may be addressed to Accounts Payable. Time Distribution questions should be addressed to the Federal Accounting Section, Leslie Williams, Manager.